



VERIFICATION OF OUT-OF-STATE TEACHING SERVICE

State Form 49530 (R/1-02)
Approved by the State Board of Accounts 2002

Indiana State Teachers' Retirement Fund
150 West Market Street, Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Home Page: <http://www.in.gov/trf>

PRIVACY NOTICE

Your Social Security number is requested by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without this information.

INSTRUCTIONS:

Teacher: Please complete Part 1, then forward to Employing School Unit

Employer: Please complete Part 2, then forward form to the your State Teachers' Retirement Fund

PART 1: TO BE COMPLETED BY THE TEACHER

Name of Teacher (<i>First, Middle, Last</i>)	Social Security Number
Maiden/Other name used while teaching	TRF Account Number
Full Address (<i>Street, City, State, Zip</i>)	Area Code and Telephone Number

PART 2: TO BE COMPLETED BY THE EMPLOYING UNIT

The above teacher is seeking to verify teaching service from your school district for the purpose of establishing retirement credit in this fund. **Pursuant to Title 515 IAC 1-2-17(e), by signing below, you are verifying that the above teacher was qualified to serve as a teacher.**

Name of School	School Full Address (<i>Street, City, State, Zip</i>)
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<u>SCHOOL YEAR TAUGHT</u> <u>JULY 1 THROUGH JUNE 30</u>	<u>NUMBER OF DAYS TAUGHT THAT SCHOOL YEAR</u>

THE SERVICE CREDIT ABOVE WAS IN A PUBLIC SCHOOL COVERED UNDER YOUR STATE TEACHERS' RETIREMENT FUND

YES ☐

NO ☐

Signature of Employing Official	Date Signed (<i>Month, Day, Year</i>)	
Printed Name of Employing Official	Telephone Number	Fax Number

VERIFICATION BY OUT-OF-STATE RETIREMENT SYSTEM

NOTE: This part is to be completed by out-of-state retirement system.

Indiana State Teachers' Retirement Fund
150 West Market Street, Suite 300
Indianapolis, Indiana 46204-2809
Telephone: (317) 232-3680 / (888) 286-3544
Website: www.in.gov/trf

INSTRUCTIONS:

Unless otherwise directed, please complete and return the form to the Indiana State Teachers' Retirement Fund at the above address.

MEMORANDUM TO THE OUT-OF-STATE RETIREMENT SYSTEM

FROM: William E. Christopher, Ph.D., Executive Director

The person named on the reverse side of this form is an active member of the Indiana State Teachers' Retirement Fund. This person wishes to establish credit for their out-of-state service as reported on the reverse side. Indiana law, under certain conditions, does not permit the purchase of out-of-state service credit by members who are receiving a retirement benefit from another state OR who have vested rights to a benefit to be paid at some time in the future. Therefore, to assist us in helping this member establish out-of-state service, would you please answer the questions below that indicate eligibility for retirement benefits from your system. Your assistance is greatly appreciated.

Was the person a member of your retirement system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the person receiving or entitled to receive a benefit from your State based on this service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this non-contributory service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If contributory service, has the teacher received a refund of contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicated the date of the refund and the number of years cancelled by refund:		
Date of Refund _____	Number of years cancelled by refund _____	
If the person does not return to teaching in your state, will the person be eligible to receive a benefit from your system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this person have credit in your system for employment from another state? If so, please indicate the State(s) and year(s) below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your system have a restriction against using vested service in your system to qualify for a benefit in Indiana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PLEASE CORRECT OR COMPLETE THE NUMBER OF DAYS TAUGHT IF REPORTED IN ERROR OR LEFT BLANK BY THE EMPLOYING UNIT. (SEE REVERSE SIDE OF THIS FORM FOR DETAILS SUPPLIED BY THE EMPLOYING UNIT.)

COMMENTS:

Signature of Official		Title
Name of Retirement System		
Address (Street, City, State, Zip)		
Area Code and Telephone Number	Fax Number	Date (Month, Day, Year)